



PATENT

PATENT

RESPONSE UNDER 37 CFR § 1.116
- EXPEDITED PROCEDURE -

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of

RAJEEV KRISHNAMURTHI, ET AL.

Serial No.: 08/863,457

Filed: May 27, 1997

For: METHOD AND APPARATUS FOR
PROVIDING AN ALERT WITH
INFORMATION SIGNAL
BETWEEN A MOBILE SWITCHING
CENTER AND A BASE STATION

Group Art Unit: 2664

AMENDMENT

Asst. Commissioner of Patents
Box Non Fee Amendment
Washington, D.C. 20231

Attention: Steven H. D. Nguyen
Examiner

Dear Sir:

In response to the Office Action dated December 5, 2000, please amend the
above-identified application as follows:

I hereby certify that this correspondence is being
deposited with the United States Postal Service
as first class mail in an envelope addressed to
the Commissioner of Patents and Trademarks,
Washington, D.C. 20231, on:

2 February 2001

(Date of Deposit)

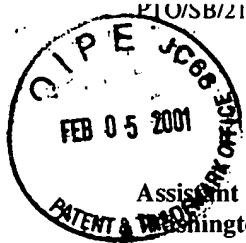
Carola Emelius-Swartz

(Registered Representative)

(Signature)

2 February 2001

(Date of Signature)



AF/2664

AMENDMENT TRANSMITTAL FORM

Assistant Commissioner for Patents
Washington, D.C. 20231

Attorney Docket No.: PA377CIPA
In Re Application of: Rajeev Krishnamurthi, et al.
Serial Number: 08/863,457
Filed: May 27, 1997
Examiner: S. Nguyen
Group Art Unit: 2664

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Technology Center 2600

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.
In addition, the following documents are enclosed:

1. ☐ A Petition for Extension of Time: () month(s) is hereby requested.
2. ☐ Information Disclosure Statement (IDS):
 - a. ☐ PTO-1449
 - b. ☐ Copies of IDS Citations (number of citations:)
3. ☐ Change of Attorney's Address in Application.
4. ☐ Other:

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	17	20	0	x \$18 =	\$ 0.00
Independent**	3	3	0	x \$80 =	\$0.00
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$270	\$0.00
EXTENSION FEES			<input type="checkbox"/> One Month	\$110	\$0.00
			<input type="checkbox"/> Two Months	\$390	\$0.00
			<input type="checkbox"/> Three Months	\$890	\$0.00
INFORMATION DISCLOSURE STATEMENT			<input type="checkbox"/> After First Office Action	\$240	\$0.00
			<input type="checkbox"/> After Final Office Action	\$130	\$0.00
TERMINAL DISCLAIMER				\$110	\$0.00
				TOTAL FEE	\$0.00

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

5. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
6. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.00.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: February 2, 2001

Signature: Maryanne E. DeAngelo
Maryanne E. DeAngelo, Reg. No. 47,288
(858) 651-2384

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